

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 09/094674 FILING DATE

APPLICANT(S)

CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							31
2							32
3							33
4							34
5							35
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48							
49							
50							
TOTAL IND	8						TOTAL IND
TOTAL DEP	18						TOTAL DEP
TOTAL CLAIMS	25						TOTAL CLAIMS